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Date: March 30, 2005

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From: Mary Anthony Merchant, Ph.D.
Reg. No. 39,771

Subject: U.S. Patent Application No. 09/752,939
First Named Inventor: GIBBINS, Bruce L.
Attorney Docket No.: ACRY3

Number of pages including this cover sheet = 15

If all pages are not received, please call 404-885-3615

***** COMMENTS *****

Response and Amendment to Final Office Action

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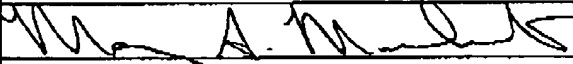
PTO/SB/21 (09-04)

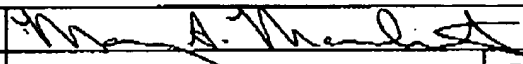
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| | | | |
|--|----------------------|------------------------|-------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/752,939 | |
| | Filing Date | December 29, 2000 | |
| | First Named Inventor | GIBBINS, Bruce L. | |
| | Group Art Unit | 1615 | |
| | Examiner Name | Ghaili, Isis A.D. | |
| Total Number of Pages in This Submission | 14 | Attorney Docket Number | ACRY3 |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile, Return Postcard |
| Remarks: | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Troutman Sanders, LLP Mary Anthony Merchant, Ph.D., Reg. No. 39,771 | |
| Signature |  | |
| Date | March 30, 2005 | |

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1463920-1

PTO/SB/97 (09-04)

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Applicant: GIBBINS, Bruce L. et al.

Group Art Unit: 1615

Serial No.: 09/752,939

Examiner: Gnaili, Isis A.D.

Filing Date: December 29, 2000

Docket No.: ACRY3

Title: Methods and Compositions for Improved Delivery Device

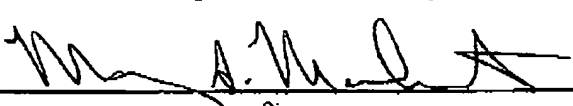
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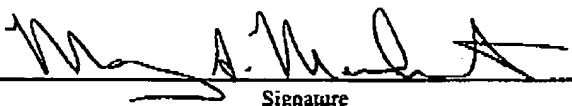
| | | | |
|---|----------------------------------|---------------------------------------|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) ACRY3 | |
| Application Number: 09/752,939 | | Filed: December 29, 2000 | |
| For: METHODS AND COMPOSITIONS FOR IMPROVED DELIVERY DEVICES | | | |
| Art Unit: 1615 | | Examiner: Ghaili, Isis A.D. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| RECEIVED CENTRAL FAX CENTER MAR 30 2005 | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below) | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 <u>\$60.00</u> |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 <u>\$</u> |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 <u>\$</u> |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 <u>\$</u> |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 <u>\$</u> |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check for the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1507</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTS/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39 771</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ | | | |
|  Signature | | March 30, 2005 Date | |
| Mary Anthony Merchant, Ph.D. Typed or printed name | | 404-885-3652 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) ACRY3 | |
| Application Number: 09/752,939 | | Filed: December 29, 2000 | |
| For: METHODS AND COMPOSITIONS FOR IMPROVED DELIVERY DEVICES | | | |
| Art Unit: 1615 | | Examiner: Ghali, Isis A.D. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entry Fee</u> |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$60.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ |
| <input checked="" type="checkbox"/> Applicant claims small entry status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check for the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1507</u> . I have enclosed a duplicate copy of this sheet. | | | |
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| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTS/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39,771</u> . | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34. _____ | | | |
|  | | March 30, 2005 | |
| Signature | | Date | |
| Mary Anthony Merchant, Ph.D. | | 404-885-3652 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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